

## COVER SHEET FOR HOME STUDY ENROLLMENT (Form A)

SCHOOL YEAR: \_\_\_\_\_

TYPE OF ENROLLMENT: \_\_\_\_\_

NEW \_\_\_\_\_  
RE-ENROLLMENT \_\_\_\_\_

**CHILD(REN) TO BE ENROLLED:**

NAME: _____	/AGE: _____	DOB: _____	mo / date (optional) / year
NAME: _____	/AGE: _____	DOB: _____	mo / date (optional) / year
NAME: _____	/AGE: _____	DOB: _____	mo / date (optional) / year
NAME: _____	/AGE: _____	DOB: _____	mo / date (optional) / year

**PARENTS OR GUARDIANS MUST SIGN THIS FORM (NOTE: both parents/guardians must sign, including those who are divorced but share the legal care and custody of the child(ren)):**

NAME: _____	NAME: _____
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MAILING ADDRESS: _____	MAILING ADDRESS: _____
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_____ (Including ZIP)	_____ (Including ZIP)
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PHONE: (H) _____ (W) _____	PHONE: (H) _____ (W) _____
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E-MAIL: _____	E-MAIL: _____
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TOWN OF RESIDENCE OF CHILD(REN): _____	_____
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SIGNATURE: _____	SIGNATURE: _____
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**Public School Your Child Would Have Attended:** \_\_\_\_\_

**PERSON(S) WHO WILL PROVIDE THE INSTRUCTION:**

NAME: _____	ADDRESS: _____
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SIGNATURE: _____	PHONE: _____
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**PLEASE CHECK THE APPROPRIATE BOXES LISTED BELOW:**

**I have included the following:**

- ☐ Form A (or equivalent information)
- ☐ A school report card, Form B, **or** other information to verify that my child does or does not have a disability. (New enrollments only)
- ☐ An assessment of progress made in last year's home study program. See Page 4 of the *Guidelines for Home Study in Vermont*. (Re-enrollments only)
- ☐ A curriculum covering the 6 areas required by statute. See Page 15 of the *Guidelines for Home Study in Vermont*.
- ☐ Form C (or equivalent information) if my child is taking some courses at a public school.
- ☐ Form D (or equivalent information) if I want to put my name on a list of homeschoolers, given out to those who request it.
- ☐ Form E (or equivalent information) if my child has home study instructors other than us, the parents.
- ☐ Form F (or equivalent information) to receive information via e-mail.

**Mail to: Home Study Unit, Vermont Department of Education, 120 State Street, Montpelier, VT 05620-2501**

----- **For Office Use Only** -----

PS: \_\_\_\_\_ NR: \_\_\_\_\_ #SC: \_\_\_\_\_ SEC: \_\_\_\_\_

**INDEPENDENT PROFESSIONAL EVIDENCE REPORTING FORM (Form B)**

TO BE FILLED OUT & SIGNED BY AN EDUCATION OR HEALTH CARE PROFESSIONAL

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

1. Describe the screening method used to determine whether or not this child has a disability or is in need of further evaluation to determine whether or not there is a disability that would interfere with his/her ability to learn. Please be specific. Examples of methods of screening might be the Denver Developmental Screening Test, the Primary Observation Survey, comparison to developmental milestones, etc.

Date seen : \_\_\_\_\_

Method of screening used: \_\_\_\_\_

2. Did the results of the screening process indicate that the child has a disability that would interfere with his/her ability to learn?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. In your opinion, is there a need for further evaluation to determine whether or not this child has a disability that would interfere with his/her ability to learn? If yes, what are your specific recommendations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **COURSES TAKEN IN PUBLIC SCHOOL (Form C)**

As more and more people are homeschooling, some parents are making arrangements at their local public school for their children to take one or more courses at the public school while homeschooling. If you are planning to homeschool and have your child take a course at a public school, please state in your minimum course of study the content for the classes taken at the school. Also, have the school fill out this form and submit it with your minimum course of study.

\_\_\_\_\_ will be taking the following  
(Child's Name)

course(s) at \_\_\_\_\_  
(Name of School)

School Year: \_\_\_\_\_

Courses: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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**CONSENT FOR RELEASE OF INFORMATION (Form D)**

I, \_\_\_\_\_, hereby authorize the Vermont Department of Education to include my name and address on mailing lists that are given to the public upon request. I understand that if I agree to have my name included, my name will be released to any individual, group, or organization that requests a list of homeschoolers.

I understand that I am not required to give my consent and this decision is voluntary on my part. I also understand that once my name is given pursuant to this consent form, a decision to withdraw my consent will not necessarily remove my name from mailing lists already released to individuals, groups, or organizations.

This consent is valid for the period from this date until **December 31, 2008**.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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## HOME STUDY INSTRUCTOR(S) OR SERVICE PROVIDER(S) (Form E)

If you homeschool and plan to have any ongoing instruction or supplemental services such as speech, OT or PT provided by another person (but not in public school\*), the home study statute requires that you complete the information requested below. This form needs to accompany the minimum course of study you send to the Department when you enroll your children in home study.

**\*NOTE: If your children are homeschooling and are also taking courses or receiving supplemental services (speech, PT, OT) in a public school, you will report this information on Form C, not Form E.**

\_\_\_\_\_ will be receiving instruction or supplemental services from the  
(child's name) following persons:

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Instruction/Service  
Provided: \_\_\_\_\_

Instructor/Provider's Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Instruction/Service  
Provided: \_\_\_\_\_

Instructor/Provider's Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Instruction/Service  
Provided: \_\_\_\_\_

Instructor/Provider's Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Instruction/Service  
Provided: \_\_\_\_\_

Instructor/Provider's Signature: \_\_\_\_\_

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## REQUEST FOR INFORMATION VIA E-MAIL (Form F)

Frequently, the home study office gets phone calls from groups offering opportunities for Vermont students, but these groups have no centralized way to reach homeschoolers.

Would you like to be added to an electronic mailing list to receive periodic notices from the home study office about educational, recreational, or other interesting opportunities which may arise during the year?

We will not share your e-mail address with anyone. We'll send occasional e-mails to you about opportunities that might be relevant and of interest to the homeschool community.

☐ Yes, please. My e-mail address is: \_\_\_\_\_

☐ No, thank you.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## MINIMUM COURSE OF STUDY (CURRICULUM)

**Child's Name:**

**School Year:**

**Please provide a detailed outline or narrative which describes the content to be provided in each area of the minimum course of study below.**

**1. BASIC COMMUNICATION SKILLS**, including reading, writing, and the use of numbers.

Describe the skills or topics to be covered in **Language Arts** (*Reading and Writing*).

*Examples of such may include phonics, penmanship, reading skills, reading comprehension, oral reading, speaking/ listening, vocabulary, spelling, grammar, usage, mechanics, written expression, compositions, editing, reference materials, reasoning, and/or media, etc.*

Describe the skills or topics to be covered in **Math** (*Use of numbers*).

*Examples of such may include numeration, addition, subtraction, multiplication, division, fractions, decimals, time, measurement, geometric concepts, algebraic concepts, trigonometric concepts, etc.*

**2. CITIZENSHIP, HISTORY & GOVERNMENT** in Vermont and the United States.

Describe the skills or topics to be covered in **Citizenship, History, & Government** (*Social Studies*).

*Examples of such may include specific eras in history of Vermont, the United States, and/or the world, cultures, communities, and traditions, geography, economics, government, law, etc.*

**3. PHYSICAL EDUCATION & COMPREHENSIVE HEALTH EDUCATION** including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society. Describe the skills or topics to be covered in **Physical Education**. (**NOTE: Children who are 13 or older are not required to do physical education or health.**)

*Examples of such may include sports activities, exercise routines, lessons involving physical activities such as gymnastics or dance, motor skill development activities, etc.*

Describe the skills or topics to be covered in **Health**. (**NOTE: Children who are 13 or older are not required to do physical education or health.**)

*Examples of such may include body structure and function, community health, safety and first aid, diseases, family and mental health, personal and consumer health human growth and development, drugs and alcohol, and nutrition, etc.*



**4. ENGLISH, AMERICAN & OTHER LITERATURE**

Describe the skills or topics to be covered in **Literature**.

*Examples of such may include plot development, characterizations, author's language, author's point of view; or list the authors, titles, and/or genres to be studied, etc.*

**5. THE NATURAL SCIENCES**

Describe the skills or topics to be covered in **Science**.

*Examples of such may include scientific processes, the scientific method, discoveries and inventions, scientists, chemistry, biology, earth science, physical science, physics etc.*

**6. THE FINE ARTS**

Describe the skills or topics to be covered in **Fine Arts**. (NOTE: Children who are 13 or older are not required to do fine arts.)

*Examples of such may include visual arts, music, drama, dance, painting, pottery, crafts, music lessons, attend performing arts events, etc.*

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**ADAPTATIONS TO THE MINIMUM COURSE OF STUDY**  
(If applicable)

**Child's Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Home study statute requires adaptations to the minimum course of study for students who have disabilities. If you have a child with a disability you must include, as part of your home study enrollment **each year**, a description of any special services or adaptations to be made to accommodate the disability.

**This requirement applies even if you are exempt from submission of the minimum course of study.**

Adaptations are methods you implement or materials you use in order to accommodate any special needs your child has as a result of a disability. Adaptations enable your child to make progress which is commensurate with his/her age and ability, while factoring in any disability. The goal of implementing adaptations is to enable a student to progress as closely to his/her age and ability as can reasonably be expected.

**Please list adaptations to your curriculum if they have not already been indicated in the minimum course of study:**

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**Please list any special services your child will be receiving in addition to his or her minimum course of study such as speech services, PT, OT, counseling, etc.**

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**Additional Comments?**

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